



CEDARS-SINAI MEDICAL CENTER.

NEWS

8700 Beverly Blvd., Room 2429A ■ Los Angeles, CA 90048-1865

Office (310) 423-4767 ■ Fax (310) 423-0435

Media Contact: Sandra Van

Telephone: 1-800-880-2397

E-mail: sandy@vancommunications.com

FOR IMMEDIATE RELEASE – NOV. 19, 2003

HIGHLIGHTS:

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HIS-N-HERS HEART TRANSPLANTS: AN ORANGE COUNTY HUSBAND AND WIFE EACH HAVE HEART TRANSPLANTS SIX YEARS APART AND PERFORMED BY THE SAME TRANSPLANT SURGEON AND CARDIOLOGIST

LOS ANGELES (Nov. 19, 2003) – What are the odds that a husband and wife would both need heart transplants, and that the same cardiologist and transplant surgeon would perform each of their procedures – six years apart? An Orange County (CA) couple, believed to be one of the only such couples in the nation, are celebrating a special Thanksgiving this year, now that both of them have successfully undergone heart transplants at Cedars-Sinai Medical Center.

Alfredo Trento, M.D., Director of Cardiothoracic Surgery at Cedars-Sinai, walked out of the operating room on Wednesday morning, Oct. 15, 2003, tired but happy with the results of the all-night heart transplant he had just performed. The transplant had gone as planned, and he anticipated a full and rapid recovery for the patient, Sandra Landau, of Foothill Ranch, CA.

As is Dr. Trento's custom after a heart surgery, he went directly to the family waiting area so he could update Sandra's family, letting them know how the transplant had gone, and when they might be able to see her. After chatting for a few minutes about Sandra, her husband, Mark, turned to Dr. Trento with a wide smile.

"Don't you remember me,?" he asked.

Although the man looked familiar, Dr. Trento was tired after a long night of surgery and was still trying to make the connection, when Mark prompted with a grin. "You did my heart transplant six-and-a-half years ago."

Suddenly it all snapped into focus. Dr. Trento had first seen Mark in 1996. The then-47-year-old New York native had moved to California eight years earlier after repeatedly suffering a viral infection in his heart wall. His New York cardiologist had suggested that he re-locate to a warmer, dryer climate, and Southern California seemed like the perfect choice.

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For a time, all was well, with no repeat occurrences of the infection. But then Mark's heart problem flared up again. This time it was so serious that he was told he needed a heart transplant and was referred to Dr. Lawrence Czer, Medical Director of the Heart Transplant Program at Cedars-Sinai.

"Mark had what is called an 'idiopathic dilated cardiomyopathy,'" Dr. Czer explains. "What that means is that he had a disorder of the heart muscle, the cause of which is unknown. It is generally believed that many of these are the result of a past infection with a virus that has an affinity for the heart. However, by the time that heart failure is recognized, the virus usually has disappeared."

In Mark's case, he was experiencing heart failure every year during influenza season after developing a "cold." When Dr. Czer saw him, his condition has progressed to the point that he needed a transplant, and he was placed on the national heart transplant waiting list.

It was a difficult time, Mark remembers. He had three false alarms where his special transplant beeper would go off, only for him to learn that the available heart was not appropriate him, after all. For 14 months he continued to wait, working full time as a paint store manager. But then he became too weak to continue working, and had to quit his job.

"I had always been the family leader," he remembers, "but while I was so sick, Sandra really stepped up to the plate and took on a lot of the responsibilities I had always shouldered." That was a difficult and frightening time.

Then one night in April 1997, he received a call from Cedars-Sinai heart transplant coordinator, Paul Nusser. "We need you to come to the hospital," Nusser told Mark. "I was so nervous," Mark remembers. "My hands were shaking and I had to have someone else make the phone calls that needed to be made."

At the hospital, he was met by Dr. Trento, who would perform the transplant. Although the transplant itself went smoothly, Mark experienced some rejection issues and remained hospitalized for more than three weeks.

Imagine his trepidation then, when he learned six years later that his wife also needed a heart transplant. "She was calm," he remembers, "but I was very nervous for her."

According to Dr. Czer, Sandra's heart problems were due to a combination of diabetes and coronary artery disease rather than to an infection. "Sandra had inherited advanced coronary artery disease which was so severe that she was turned down for both angioplasty and coronary artery bypass surgery," he explains.

Until 2001, she was unaware that she even had heart problems. At that time, she had gone to see her internist for a bladder problem. Tests that she underwent at the time revealed congestive heart failure and hardening of the arteries. Her internist referred her to a cardiologist who recommended that she have a defibrillator implanted. However, even with the defibrillator, her condition worsened, and she was told that she would need a heart transplant.

Although her insurance company initially referred her to another Los Angeles area hospital, Sandra was adamant. If she needed a heart transplant, she wanted to Czer and Dr. Trento to care for her as they had cared for her husband six years earlier.

“Dr. Czer was shocked to see me as a patient,” she remembers now with a smile. “You’re not the patient, Mark is,” he exclaimed in surprise. It was the first time in his experience to have both a husband and a wife in need of a heart transplant.

Sandra’s wait for a donor heart was much shorter than her husband’s. She went on the waiting list June 13, of this year, and received her heart on Oct. 14. “I felt better almost immediately,” she says. “I started regaining my strength, and now do a lot of walking around the neighborhood and at the mall.”

Today, Mark and Sandra enjoy taking care of each other, right down to their ‘his-n-hers’ medicine. Both have to take special medications due to their transplants. “He makes up mine a week ahead of time, and I make up his,” Sandra says with a chuckle. “If we’re going to be traveling, we take extra along.” Mark is back to working full time, and walking in the evenings and on the weekends with Sandra.

The couple contrasts Mark’s experience with Sandra’s. He was hospitalized 23 days and experienced rejection complications. She was hospitalized only eight days and had no such issues. “The technology and the medications today are completely different than they were six years ago,” Mark explains. “But what hasn’t changed is the level of compassion and expertise provided by these doctors.”

“After my transplant, I remember my doctors sitting by my beside, sometimes for hours at a time,” he says. “I owe them my life. I just can’t say enough good about that place. The (Cedars-Sinai) staff are like family to us. . . . All are expert individuals who perform their profession with honor, hope and personal dedication. We love them. Their 24/7 is absolutely amazing.”

Cedars-Sinai is one of the largest nonprofit academic medical centers in the Western United States. For the fifth straight two-year period, it has been named Southern California's gold standard in health care in an independent survey. Cedars-Sinai is internationally renowned for its diagnostic and treatment capabilities and its broad spectrum of programs and services, as well as breakthroughs in biomedical research and superlative medical education. It ranks among the top 10 non-university hospitals in the nation for its research activities.

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